

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Dental Association Political Action Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000729

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2011

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr Richard Huot

Signature of Treasurer

Dr Richard Huot

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 14 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2011</td></tr></table>	Y	Y	Y	Y	Y	2011						<table><tr><td colspan="5">264244.39</td></tr></table>	264244.39				
Y	Y	Y	Y	Y													
2011																	
264244.39																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">392773.69</td></tr></table>	392773.69															
392773.69																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">218407.89</td></tr></table>	218407.89					<table><tr><td colspan="5">1105837.72</td></tr></table>	1105837.72									
218407.89																	
1105837.72																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">611181.58</td></tr></table>	611181.58					<table><tr><td colspan="5">1370082.11</td></tr></table>	1370082.11									
611181.58																	
1370082.11																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">55165.84</td></tr></table>	55165.84					<table><tr><td colspan="5">814066.37</td></tr></table>	814066.37									
55165.84																	
814066.37																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">556015.74</td></tr></table>	556015.74					<table><tr><td colspan="5">556015.74</td></tr></table>	556015.74									
556015.74																	
556015.74																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	1		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	1		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	144800.00	267373.40
(ii) Unitemized .....	73557.50	770727.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	218357.50	1038100.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	218357.50	1038100.55
12. Transfers From Affiliated/Other Party Committees.....	12.25	66292.83
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	13.00	13.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25.14	431.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	218407.89	1105837.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	218407.89	1105837.72

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4616.84	6957.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4616.84	6957.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50500.00	806851.21
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	49.00	98.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	49.00	98.00
29. Other Disbursements .....	0.00	160.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55165.84	814066.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55165.84	814066.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	218357.50	1038100.55
34. Total Contribution Refunds (from Line 28(d)) .....	49.00	98.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	218308.50	1038002.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	4616.84	6957.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	13.00	13.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	4603.84	6944.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Charles C McGinty

Mailing Address 5059 Mc Clelland Blvd

City  
JoplinState  
MOZip Code  
64804-4884FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 01 / 2011

Transaction ID : 10304038

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gary S Yonemoto

Mailing Address 265 Kaiolohia Pl

City  
HonoluluState  
HIZip Code  
96825-1515FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 03 / 2011

Transaction ID : 10312182

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Toyie Yonemoto

Mailing Address 1100 Ward Avenue  
Suite 1015City  
HonoluluState  
HIZip Code  
96814-1610FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hawaii Dept of Education

Occupation  
teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 03 / 2011

Transaction ID : 10312183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Arnie Sybrant**

Mailing Address 843 S. Center Street

City

Casper

State

WY

Zip Code

82601-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

Transaction ID : 10312184

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr David K Okano**

Mailing Address 2107 Prairie Ave

City

Rock Springs

State

WY

Zip Code

82901-6764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

Transaction ID : 10312185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Gary B Wiest**

Mailing Address 168 W 800 North

City

Provo

State

UT

Zip Code

84601-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2011

Transaction ID : 10312186

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 126  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Gary L Crawford**

Mailing Address 79 N Palisades Dr

City

Orem

State

UT

Zip Code

84097-8218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312187**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr David T Moore**

Mailing Address 7324 Anton Cir NE

City

Albuquerque

State

NM

Zip Code

87122-3379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312188**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Kennedy Wood Merritt**

Mailing Address 121 Tanning Way

City

Clovis

State

NM

Zip Code

88101-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312189**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David Greg LoPour**

Mailing Address 6691 Guadalupe Trl NW

City

Albuquerque

State

NM

Zip Code

87107-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312192**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Jade A Miller**

Mailing Address 4150 Longknife Rd

City

Reno

State

NV

Zip Code

89519-2975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312194**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Glenn M Okihiro**

Mailing Address 850 Kamehameha Hwy

City

Pearl City

State

HI

Zip Code

96782-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312195**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 126  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kenneth J Versman**

Mailing Address 5144 S Jamaica Way

City State Zip Code  
 Greenwood Village CO 80111-3838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 10 / 03 / 2011

**Transaction ID : 10312196**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Calvin D Utke**

Mailing Address 11365 Hungate Rd

City State Zip Code  
 Colorado Springs CO 80908-4393

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 10 / 03 / 2011

**Transaction ID : 10312197**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Dr James C Setterberg**

Mailing Address 0065 Aspen Way

City State Zip Code  
 Glenwood Springs CO 81601-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 10 / 03 / 2011

**Transaction ID : 10312198**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 126

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Kevin D Sessa**

Mailing Address 682 W Hickory St

City

Louisville

State

CO

Zip Code

80027-1055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312199**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dr Jerry D Peterson**

Mailing Address PO Box 176

City

Dillon

State

CO

Zip Code

80435-0176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312202**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Dr Kenneth S Peters**

Mailing Address 9202 Prairie View Dr

City

Highlands Ranch

State

CO

Zip Code

80126-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312204**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David Craig Lurye**

Mailing Address PO Box 314

City

Winter Park

State

CO

Zip Code

80482-0314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312205**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert Stephen Roda**

Mailing Address 11113 N 109th St

City

Scottsdale

State

AZ

Zip Code

85259-6914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312208**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Anthony C Caputo**

Mailing Address 5255 N Salida Del Sol Dr

City

Tucson

State

AZ

Zip Code

85718-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 10312209**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr O Andy Elliott II**

Mailing Address 3727 Abbott Creek Rd

City

Prestonsburg

State

KY

Zip Code

41653-8938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

**Transaction ID : 10312310**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel J Klemmedson**

Mailing Address 4501 N Paseo Imuris

City

Tucson

State

AZ

Zip Code

85750-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

**Transaction ID : 10317317**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Bryan J Shanahan**

Mailing Address 1130 N Conifer Rd

City

Flagstaff

State

AZ

Zip Code

86001-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

**Transaction ID : 10317328**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 126  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Karen Diane Foster**

Mailing Address 6140 K-6 S Gun Club Rd #261

City State Zip Code  
Aurora CO 80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 10317329**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Frank A. Kyle Jr**

Mailing Address 3909 Rive Dr

City State Zip Code  
Alexandria VA 22309-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Dental Association

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 10317330**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Alicia Kyle**

Mailing Address 3909 Rive Dr.

City State Zip Code  
Alexandria VA 22309-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 10317331**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Edith Jane Gillette**

Mailing Address 108 Village Downtown Blvd

City State Zip Code  
 Bozeman MT 59715-3815

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 05 2011

Transaction ID : 10317941

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher Gillette**

Mailing Address 108 Village Downtown Blvd.

City State Zip Code  
 Bozeman MT 59715-3631

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 05 2011

Transaction ID : 10317942

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Bryan C Edgar**

Mailing Address 220 SW 292nd St

City State Zip Code  
 Federal Way WA 98023-3502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 05 2011

Transaction ID : 10317943

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Linda J Edgar**

Mailing Address 1911 SW Campus Dr

City

State

Zip Code

Federal Way

WA

98023-6473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2011

**Transaction ID : 10317944**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr James Lloyd Ribary**

Mailing Address 3004 91st Avenue Ct NW

City

State

Zip Code

Gig Harbor

WA

98335-6062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2011

**Transaction ID : 10317948**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr John T Mooney**

Mailing Address 2645 N Summers Way

City

State

Zip Code

Pocatello

ID

83204-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2011

**Transaction ID : 10317950**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Jill M Price**

Mailing Address 3630 NW Thurman St

City State Zip Code  
 Portland OR 97210-1233

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2011

Transaction ID : 10317952

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Sean Aaron Benson**

Mailing Address 810 E Fairway Dr

City State Zip Code  
 Baker City OR 97814-4372

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2011

Transaction ID : 10317953

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Teri L Barichello**

Mailing Address 0114 SW Abernethy St

City State Zip Code  
 Portland OR 97239-4358

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2011

Transaction ID : 10317954

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Dave M Minahan**

Mailing Address 19210 63rd Ave NE

City

Kenmore

State

WA

Zip Code

98028-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

**Transaction ID : 10317956**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Douglas S Hadnot**

Mailing Address PO Box 278

City

Lolo

State

MT

Zip Code

59847-0278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

**Transaction ID : 10318397**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Douglas P Walsh**

Mailing Address 4853 Beach Dr SW

City

Seattle

State

WA

Zip Code

98116-4342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

**Transaction ID : 10318400**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Dan Gifford Middaugh**

Mailing Address 9709 48th Ave NE

City  
Seattle

State  
WA

Zip Code  
98115-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

**Transaction ID : 10318402**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Mary Krempasky Smith**

Mailing Address 4117 S Custer Ct

City  
Spokane

State  
WA

Zip Code  
99223-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 05 / 2011

**Transaction ID : 10318403**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Michael E. Biermann**

Mailing Address 3529 N Willamette Blvd

City  
Portland

State  
OR

Zip Code  
97217-5163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

**Transaction ID : 10318404**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 126  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Roger K Newman**

Mailing Address PO Box 1455

City

Columbia Falls

State

MT

Zip Code

59912-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 10318407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Christopher Hans Henry**

Mailing Address 114 Minnie Street

City

Fairbanks

State

AK

Zip Code

99701-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 10318411

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Mary S Jennings**

Mailing Address 97 Elk Fork Dr

City

Walla Walla

State

WA

Zip Code

99362-7769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 10318412

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark R Zust**

Mailing Address 14005 Eagle Manor Ct

City

Chesterfield

State

MO

Zip Code

63017-2686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 10320695

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Phyllis Zust**

Mailing Address 1405 Eagle Manor Court

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Mark R. Zust

Occupation

business assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 10320696

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert G Fox**

Mailing Address 2451 Brookwood Dr

City

Cape Girardeau

State

MO

Zip Code

63701-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 10320697

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert E Butler**

Mailing Address 10014 Canterbury Farms Ct

City State Zip Code  
 Saint Louis MO 63128-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011

**Transaction ID : 10320698**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr M Elwood Rice**

Mailing Address 11340 Audrain Rd #9907

City State Zip Code  
 Mexico MO 65265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011

**Transaction ID : 10320699**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr J D Hill**

Mailing Address PO Box 187

City State Zip Code  
 Irvine KY 40336-0187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011

**Transaction ID : 10320704**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr H Fred Howard**

Mailing Address 301 E Central Street

City

Harlan

State

KY

Zip Code

40831-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011

Transaction ID : 10320707

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr J Michael Johnson**

Mailing Address 2027 Winston Dr

City

Owensboro

State

KY

Zip Code

42301-4635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011

Transaction ID : 10320708

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Beverly A Largent**

Mailing Address 9300 Childress Rd

City

West Paducah

State

KY

Zip Code

42086-9216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011

Transaction ID : 10320709

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr W Ken Rich**

Mailing Address 130 Ridgelea Dr

City

Williamstown

State

KY

Zip Code

41097-9437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2011

**Transaction ID : 10320711**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr James William Mc Daniel**

Mailing Address 1201 Rocky Dell Ln

City

Signal Mountain

State

TN

Zip Code

37377-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2011

**Transaction ID : 10320713**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Susan Marie Orwick-Barnes**

Mailing Address 1312 Wenlock Rd

City

Knoxville

State

TN

Zip Code

37922-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2011

**Transaction ID : 10320714**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David Miskel Eller**

Mailing Address 5187 US Route 60

City

Huntington

State

WV

Zip Code

25705-2076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

**Transaction ID : 10320716**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeffery C B Stewart**

Mailing Address 1810 SW Pendleton St

City

Portland

State

OR

Zip Code

97239-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320719**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr James M Boyle**

Mailing Address 1365 Trinity Church Rd

City

Wrightsville

State

PA

Zip Code

17368-9207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320726**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James R Hight Jr**

Mailing Address 31 Northwood Ave

City

Jackson

State

TN

Zip Code

38301-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320729**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Kent Hereford Percy**

Mailing Address 4749 Talleybrook Dr NW

City

Kennesaw

State

GA

Zip Code

30152-5483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320731**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Raymond Gist**

Mailing Address 5301 Deepdale Dr

City

Grand Blanc

State

MI

Zip Code

48439-9563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320735**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jonathan B Knapp**

Mailing Address 146 N Salem Rd

City

Ridgefield

State

CT

Zip Code

06877-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10320737**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Kenneth J Weinand**

Mailing Address 2309 S Arrowhead Ave

City

Independence

State

MO

Zip Code

64057-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10320739**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Janine J Bethea**

Mailing Address 5546 Waterford Green Gln

City

Marietta

State

GA

Zip Code

30068-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10320741**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Charles Robert Weber**

Mailing Address 1200 Waterford Rd

City

West Chester

State

PA

Zip Code

19380-5814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320745**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr C William D'Aiuto**

Mailing Address 168 Seville Chase Dr

City

Winter Springs

State

FL

Zip Code

32708-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320748**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Jeffrey M Cole**

Mailing Address 108 Dexter Rd

City

Wilmington

State

DE

Zip Code

19803-2963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320752**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Edmund Anthony Cassella**

Mailing Address 744 Onaha St

City

Honolulu

State

HI

Zip Code

96816-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320754**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Howard Richard Gamble**

Mailing Address 106 Sherer Ct

City

Sheffield

State

AL

Zip Code

35660-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320758**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr David P Lustbader**

Mailing Address 21 Liberty St # F

City

Randolph

State

MA

Zip Code

02368-3765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320763**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Jeane L Schoemaker**

Mailing Address 15555 Cty Rd 18.5

City

Fort Morgan

State

CO

Zip Code

80701-8407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10320766

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr Edward Feinberg**

Mailing Address 100 E Hartsdale Ave #7B

City

Hartsdale

State

NY

Zip Code

10530-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10320770

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert C Daby**

Mailing Address 710 Morris Way

City

Sacramento

State

CA

Zip Code

95864-6173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10320772

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Richard Mark Peppard**

Mailing Address 7963 Mesa Trails Cir

City

Austin

State

TX

Zip Code

78731-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10320782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Donald C Simpson**

Mailing Address 5555 S Shawnee Drive

City

Sierra Vista

State

AZ

Zip Code

85650-9639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10320784

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Michael Zakula**

Mailing Address 333 Highland Dr

City

Hibbing

State

MN

Zip Code

55746-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10320786

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Gerald Gelfand**

Mailing Address 4455 La Barca Dr

City

Tarzana

State

CA

Zip Code

91356-5042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Dental School Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10320788**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Geraldine Mackoul Ferris**

Mailing Address 1323 Highway A1A, apt. 402

City

Satellite Beach

State

FL

Zip Code

32937-2465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10320792**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**c. Dr Lloyd J. Hagedorn**

Mailing Address 6409 E Canal Pointe Ln

City

Fort Wayne

State

IN

Zip Code

46804-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10320797**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1625.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Barbara Ann Rich**

Mailing Address 2 Kendles Run Rd

City

Moorestown

State

NJ

Zip Code

08057-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10320802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Francis A Connor Jr**

Mailing Address 81 Wampanoag Cir

City

North Kingstown

State

RI

Zip Code

02852-5746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10320804

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Pamela Z Baldassarre**

Mailing Address 56 Oak Dr

City

Bedford

State

NH

Zip Code

03110-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10320806

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mark Bryant Desrosiers**

Mailing Address 63 Anderson Rd

City

Pomfret Center

State

CT

Zip Code

06259-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10320810**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr Debra A Peters**

Mailing Address 1533 Crystalline Dr SE

City

Caledonia

State

MI

Zip Code

49316-7987

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10320815**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr G. Kirk Gleason**

Mailing Address 539 Clifton Park Ctr Rd

City

Clifton Park

State

NY

Zip Code

12065-4925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10320818**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Thomas P Conaty**

Mailing Address 2003 Brandywood Ln

City

Wilmington

State

DE

Zip Code

19810-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 10320820

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard D Riva**

Mailing Address 393 Wyoming Ave

City

Millburn

State

NJ

Zip Code

07041-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 10320822

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Dr Lonnie S Neuberger**

Mailing Address 239 14th Street

City

Dickinson

State

ND

Zip Code

58601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 10320828

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James D Stephens**

Mailing Address 2875 Middlefield Road

City

Palo Alto

State

CA

Zip Code

94306-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10320839**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Myron Joel Bromberg**

Mailing Address 7012 Reseda Blvd.

City

Reseda

State

CA

Zip Code

91335-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10320841**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Steven Ira Snyder**

Mailing Address 41 Elderwood Dr

City

Saint James

State

NY

Zip Code

11780-3438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10320843**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Puneet Kochhar**

Mailing Address 40 Winter Street

City  
Rochester

State  
NH

Zip Code  
03867-3153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10320855**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeanne M Salcetti**

Mailing Address 735 Yardglen Ct

City  
Colorado Springs

State  
CO

Zip Code  
80906-7630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10320869**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Ernest Lawrence Garcia**

Mailing Address 3341 Paris Way

City  
Yuba City

State  
CA

Zip Code  
95993-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10320884**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Joseph B Michael**

Mailing Address 1311 W Princess Anne Rd

City State Zip Code  
 Norfolk VA 23507-1038

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 10 2011

Transaction ID : 10320892

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Rolfe C McCoy**

Mailing Address 1919 Polk St

City State Zip Code  
 Chillicothe MO 64601-1843

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 10 2011

Transaction ID : 10321685

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Jay Ralph Wells III**

Mailing Address 2510 Applegate Ave

City State Zip Code  
 Bethel Park PA 15102-2702

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 10 2011

Transaction ID : 10321689

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Matthew James Campbell Jr**

Mailing Address 1601 Elsdon Cir

City State Zip Code  
 Carmichael CA 95608-6016

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10321701

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dr Michael C Griffiths**

Mailing Address 1920 Irving St NE

City State Zip Code  
 Washington DC 20018-2430

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10321703

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Dr William D Powell**

Mailing Address 5400 Neilwoods Dr

City State Zip Code  
 Knoxville TN 37919-8936

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10321707

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Matthew J Neary**

Mailing Address 99 Summit Rd

City  
Riverside

State  
CT

Zip Code  
06878-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10321710**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr William J Moore**

Mailing Address 13750 Crestview Dr

City  
Red Bluff

State  
CA

Zip Code  
96080-9314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10325782**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Steven R Daniel**

Mailing Address 1255 N. Highland Ave.

City  
Murfreesboro

State  
TN

Zip Code  
37130-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10325784**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Michael S Shuman**

Mailing Address 100 Orchard Rd

City

Fleetwood

State

PA

Zip Code

19522-9764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2011

Transaction ID : 10325789

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Mark J. Feldman**

Mailing Address 5 Vanad Dr

City

Roslyn

State

NY

Zip Code

11576-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2011

Transaction ID : 10325791

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Scott L Theurer**

Mailing Address 33 Canterbury Ln

City

Logan

State

UT

Zip Code

84321-6714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2011

Transaction ID : 10325793

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Jeffrey A Bennett**

Mailing Address 3129 Timber Valley Dr

City State Zip Code  
Kokomo IN 46902-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10325798**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dr Lisa P Howard**

Mailing Address 16 Rivers Edge Dr

City State Zip Code  
Kennebunk ME 04043-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10325800**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. Dr Leon Edward Stanislav**

Mailing Address 409 Savannah Trace Dr

City State Zip Code  
Clarksville TN 37043-5443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10325802**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Gary Neil Herman**

Mailing Address 18911 Granada Cir

City

Northridge

State

CA

Zip Code

91326-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10325804**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Ronald S Bowen**

Mailing Address 13218 South Corner Wood Dr

City

Draper

State

UT

Zip Code

84020-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10325806**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr D Douglas Cassat**

Mailing Address 10035 Rue Chantemar

City

San Diego

State

CA

Zip Code

92131-2271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10325808**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ronald M Bellohusen**

Mailing Address 55 Church Hill Pl

City

State

Zip Code

Big Flats

NY

14814-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 10325819

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Merle A Nunemaker**

Mailing Address 2504 SW Winteroak Cir

City

State

Zip Code

Lees Summit

MO

64081-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326219

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Charles D Calhoon**

Mailing Address 21 Welwyn Rd

City

State

Zip Code

Newark

DE

19711-2463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326225

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jonathan S Dubin**

Mailing Address 1918 Edinburgh Ter NE

City

Atlanta

State

GA

Zip Code

30307-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326227

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Margaret Madonian**

Mailing Address 4591 Widgeon Path

City

Manlius

State

NY

Zip Code

13104-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326233

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Dr Robert Calvin Lloyd Jr**

Mailing Address PO Box 319

City

Fort Defiance

State

AZ

Zip Code

86504-0319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326238

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mary L Mariani**

Mailing Address 1328 E 9th St

City

Davenport

State

IA

Zip Code

52803-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326249

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Terry Lee Fiddler**

Mailing Address 3010 Collins Dr

City

Conway

State

AR

Zip Code

72034-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326267

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Douglas James Gordon**

Mailing Address 20 Powder Bowl Ct

City

El Sobrante

State

CA

Zip Code

94803-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10326269

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Thomas E Lenhart II**

Mailing Address 7018 Molluk Way

City State Zip Code  
 Clayton CA 94517-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2011

**Transaction ID : 10326273**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Michael Lloyd Young**

Mailing Address 221 Cloveridge Dr

City State Zip Code  
 Troy MI 48084-5445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2011

**Transaction ID : 10326275**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr K Jean Beauchamp**

Mailing Address 173 E Glenwood Dr

City State Zip Code  
 Clarksville TN 37040-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2011

**Transaction ID : 10326279**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Natasha Anne Lee**

Mailing Address 1211 26th Ave

City State Zip Code  
 San Francisco CA 94122-1504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2011

Transaction ID : 10326285

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Roger Leslie Kiesling**

Mailing Address 527 S Sanders St

City State Zip Code  
 Helena MT 59601-5438

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 11 2011

Transaction ID : 10326289

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Michael R Breault**

Mailing Address 1204 Fernwood Dr

City State Zip Code  
 Schenectady NY 12309-2618

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2011

Transaction ID : 10326565

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert A Shekitka**

Mailing Address 24 Dorset Dr

City

State

Zip Code

Clark

NJ

07066-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

self-employed

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10326567**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Morris L Robbins Jr**

Mailing Address 585 S Greer St Unit 303

City

State

Zip Code

Memphis

TN

38111-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

self-employed

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10326571**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Theodore E Logan Jr**

Mailing Address 8315 Croydon Circle

City

State

Zip Code

Louisville

KY

40222-5524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

self-employed

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10326575**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kenneth Paul Hermesen**

Mailing Address 1509 N 129th Avenue Cir

City

Omaha

State

NE

Zip Code

68154-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10326611**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Lawrence E Volland**

Mailing Address 4538 Sharon Dr

City

Lockport

State

NY

Zip Code

14094-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10326617**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Gregory E Phillips**

Mailing Address 4640 Harrison Ridge Rd

City

Columbus

State

IN

Zip Code

47201-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10326661**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael David Grassi**

Mailing Address 12 Stonebridge Ln

City

Pittsford

State

NY

Zip Code

14534-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10326662**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Jon G Davis**

Mailing Address 35 Old Oak Rd

City

Easton

State

CT

Zip Code

06612-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

**Transaction ID : 10326667**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Kathleen Roth**

Mailing Address 509 Summit Dr

City

West Bend

State

WI

Zip Code

53095-3853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10326671**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Daniel Hoag Roth**

Mailing Address 509 Summit Dr

City

West Bend

State

WI

Zip Code

53095-3853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10326672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Fred B Blythe**

Mailing Address 7927 E 87th St

City

Tulsa

State

OK

Zip Code

74133-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10326674

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Dr B Scott Eder**

Mailing Address 1334 Morningside Dr

City

Charleston

State

WV

Zip Code

25314-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10326675

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

950.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey B Sameroff**

Mailing Address 1670 Stephens Dr

City State Zip Code  
Wayne PA 19087-1023

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10326676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Gregg C Hendrickson**

Mailing Address 1855 Woodhaven Dr

City State Zip Code  
Henderson NV 89074-0928

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2011

Transaction ID : 10327461

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr D Scott Aldinger**

Mailing Address 8555 Interchange Road

City State Zip Code  
Lehighton PA 18235-5611

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2011

Transaction ID : 10327465

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James Wesley Chancellor**

Mailing Address 21922 Deer Canyon Dr

City

San Antonio

State

TX

Zip Code

78266-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 10327513**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr James Wesley Chancellor**

Mailing Address 21922 Deer Canyon Dr

City

San Antonio

State

TX

Zip Code

78266-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 10327514**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Dr Paul R Miller**

Mailing Address 5045 Westshore Dr

City

New Port Richey

State

FL

Zip Code

34652-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327531**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jolene O Paramore**

Mailing Address 2515 W 33rd St

City

Panama City

State

FL

Zip Code

32405-1950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327532**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John Paramore**

Mailing Address 2240 W. 24th Street

City

Panama City

State

FL

Zip Code

32405-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

electrical engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327533**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Henry F Pruett Jr**

Mailing Address 9611 Yarrow Circle

City

Pensacola

State

FL

Zip Code

32514-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327534**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Richard A Stevenson**

Mailing Address 14409 Mandarin Rd

City

Jacksonville

State

FL

Zip Code

32223-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327535**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Marilynn Stevenson**

Mailing Address 6851 Belfort Oaks Place

City

Jacksonville

State

FL

Zip Code

32216-6242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327536**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Wade G Winker**

Mailing Address 728 Doylston St

City

Leesburg

State

FL

Zip Code

34748-6302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327538**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Lynne Winker**

Mailing Address 15 West Atwater Avenue

City

Eustis

State

FL

Zip Code

32726-5401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

marketing officer

Occupation

United Southern Bank

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10327539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Samuel B Low**

Mailing Address 4955 SW 91st Dr

City

Gainesville

State

FL

Zip Code

32608-7186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10327543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Tess Soto-Low**

Mailing Address PO Box 100405

City

Gainesville

State

FL

Zip Code

32610-0405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

antiques dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10327544

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr John Robert Jordan Jr**

Mailing Address 1004 Country Club Dr

City

North Palm Beach

State

FL

Zip Code

33408-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327545**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Kim U Jernigan**

Mailing Address 1808 N 16th Ave

City

Pensacola

State

FL

Zip Code

32503-5365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327546**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Greg Jernigan**

Mailing Address #2G

14 W Jordan St

City

Pensacola

State

FL

Zip Code

32501-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Butler Foods

Occupation

New Accounts Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327547**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Richard A Huot**

Mailing Address 8776 W Orchid Island Cir

City

Vero Beach

State

FL

Zip Code

32963-4149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10327548

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Joanne Huot**

Mailing Address 5070 Highway A1a

City

Vero Beach

State

FL

Zip Code

32963-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10327549

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Daniel J Gesek Jr**

Mailing Address 3829 Cricket Cove Rd E

City

Jacksonville

State

FL

Zip Code

32224-8403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2011

Transaction ID : 10327550

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael D Eggnatz**

Mailing Address 10860 Santa Fe Dr

City  
Hollywood

State Zip Code  
FL 33026-4958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10327551**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Terry L Buckenheimer**

Mailing Address 2807 W Price Ave Unit 3

City  
Tampa

State Zip Code  
FL 33611-3874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10327563**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Nolan W Allen**

Mailing Address 9159 Jakes Path

City  
Largo

State Zip Code  
FL 33771-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10327566**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter A. DuBois**

Mailing Address 1201 K Street

City

Sacramento

State

CA

Zip Code

95814-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Dental Association

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327567**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Gary L Roberts**

Mailing Address 10987 Angelles Cv

City

Shreveport

State

LA

Zip Code

71106-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327568**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Sidney A Whitman**

Mailing Address 52 Florence Ln

City

Princeton

State

NJ

Zip Code

08540-2631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327571**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Edward J Miller**

Mailing Address 186 Gainsborg Ave E

City

West Harrison

State

NY

Zip Code

10604-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 10327575**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Curtis John Zeringue**

Mailing Address 301 Sycamore St

City

Raceland

State

LA

Zip Code

70394-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 10327577**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Perry K. Tuneberg**

Mailing Address 3761 Fox Pointe

City

Rockford

State

IL

Zip Code

61114-7072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 10327751**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Richard T Kao**

Mailing Address 5822 Newgate Ct

City

San Jose

State

CA

Zip Code

95138-2379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10327759

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Frederic C Sterritt**

Mailing Address 464 S Horizon Way

City

Branchburg

State

NJ

Zip Code

08853-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10327760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Darlene Sterritt**

Mailing Address 2139 Us Highway 206

City

Belle Mead

State

NJ

Zip Code

08502-4032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10327761

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ronald L. Tankersley**

Mailing Address 716 Denbigh Blvd.

City

Newport News

State

VA

Zip Code

23608-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327762**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Thomas William Kauffman**

Mailing Address 61 Rivergate Ct

City

Marietta

State

GA

Zip Code

30068-4940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327764**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Janelle Kauffman**

Mailing Address 133 Peachtree Street, NE

City

Atlanta

State

GA

Zip Code

30303-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas W. Kauffman

Occupation

office manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327765**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Steven Gounardes**

Mailing Address 133 70th St

City

Brooklyn

State

NY

Zip Code

11209-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327766**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Neil C Nunokawa**

Mailing Address 603 Kiekie Way

City

Wailuku

State

HI

Zip Code

96793-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327963**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Michelle L Mazur-Kary**

Mailing Address 159 Longley Rd

City

Greene

State

ME

Zip Code

04236-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327968**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr John Elias Roussalis II**

Mailing Address 1220 W 30th St

City

Casper

State

WY

Zip Code

82601-5372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Parttime Practice (<30 Hrs/week)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327969**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr William R Calnon**

Mailing Address 116 Colby St

City

Spencerport

State

NY

Zip Code

14559-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327972**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Gary K Dubin**

Mailing Address 281 Monticello Dr

City

Branford

State

CT

Zip Code

06405-4180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 10327974**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mrs. Mary Kay Calnon**

Mailing Address 116 Colby Street

City

Spencerport

State

NY

Zip Code

14559-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Churchville Schools

Occupation

neuropsychologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10327977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard F Andolina**

Mailing Address 24 Meadowbrook Rd

City

Arkport

State

NY

Zip Code

14807-9547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10327979

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Andrew G Vorrasi**

Mailing Address 155 Georgian Court Rd

City

Rochester

State

NY

Zip Code

14610-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2011

Transaction ID : 10327980

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Susan Vorrasi**

Mailing Address 155 Georgian Court Road

City

Rochester

State

NY

Zip Code

14610-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Andrew Vorrasi

Occupation

office manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327981**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr John J Mooney**

Mailing Address 84 Bosworth Rd

City

Pomfret Center

State

CT

Zip Code

06259-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327984**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Charles A Gagne**

Mailing Address 1 A Hawthorne Street

City

North Grafton

State

MA

Zip Code

01536-0367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10327985**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Charles L Silvius**

Mailing Address 3 Stanley Rd

City

Swampscott

State

MA

Zip Code

01907-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10328183**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Raymond K Martin**

Mailing Address 3 Westfield Rd

City

Natick

State

MA

Zip Code

01760-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10328184**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Brian Edward Scott**

Mailing Address 4660 Falstaff Ave

City

Fremont

State

CA

Zip Code

94555-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10328190**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Janice G Scott**

Mailing Address 2648 St Helena Ct

City

Livermore

State

CA

Zip Code

94550-7332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10328191**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Scott Owen Sotko**

Mailing Address 729 Sunrise Avenue

City

Roseville

State

CA

Zip Code

95661-4565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 10333139**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Lindsey Anne Robinson**

Mailing Address 10384 Alta St

City

Grass Valley

State

CA

Zip Code

95945-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 10333273**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Richard Arthur Simms**

Mailing Address 29654 Highpoint Rd

City

Rancho Palos Verdes

State

CA

Zip Code

90275-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Parttime Faculty/ Parttime Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10335982**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Dennis J Charlton**

Mailing Address 3242 S. Main Street

City

Sandy Lake

State

PA

Zip Code

16145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10335983**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Steven J Stoll**

Mailing Address 1525 Rue Reynard St

City

Menasha

State

WI

Zip Code

54952-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10335985**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Richard Merwin Lofthouse**

Mailing Address 640 Coolidge St

City

Fennimore

State

WI

Zip Code

53809-1553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10335989**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Paul S Levine**

Mailing Address 9310 N Spruce Rd

City

Milwaukee

State

WI

Zip Code

53217-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10335991**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Dennis W Engel**

Mailing Address 14111 N Thorngate Rd

City

Mequon

State

WI

Zip Code

53097-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10335995**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Timothy B Durtsche**

Mailing Address 411 16th St S

City

La Crosse

State

WI

Zip Code

54601-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10335997

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert James Brennan**

Mailing Address 772 Sunshine Ln

City

Neenah

State

WI

Zip Code

54956-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10335998

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Dr Connie M VERHAGEN**

Mailing Address 755 Seminole Road

City

Norton Shores

State

MI

Zip Code

49441-6561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 10335999

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Norman Vincent Palm**

Mailing Address 3030 Bonnell Ave SE

City

Grand Rapids

State

MI

Zip Code

49506-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10336003**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Chandurpal P Gehani**

Mailing Address 325 Kensett Rd

City

Manhasset

State

NY

Zip Code

11030-2141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 10336015**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Martin John Makowski**

Mailing Address 2905 Vineyards Dr

City

Troy

State

MI

Zip Code

48098-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

**Transaction ID : 10336018**

Amount of Each Receipt this Period

500.00

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**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Karen Makowski**

Mailing Address 2905 Vineyards Drive

City State Zip Code  
Troy MI 48098-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10336019**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Mark M JOHNSTON**

Mailing Address 3640 Muirfield Dr

City State Zip Code  
Lansing MI 48911-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10336023**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Jeffery W Johnston**

Mailing Address 3501 Maxwell Ct

City State Zip Code  
Bloomfield MI 48301-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10336024**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 126  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Stephen R Harris**

Mailing Address 34024 W 8 Mile Road

City State Zip Code  
Farmington MI 48335-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10336026**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr John L Carter**

Mailing Address 6116 Pinewood Dr

City State Zip Code  
Midland MI 48640-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10336146**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Silvia Carter**

Mailing Address 6116 Pinewood Drive

City State Zip Code  
Midland MI 48640-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. John Carter

Occupation

office manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2011

**Transaction ID : 10336147**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Charles Kenneth BURLING**

Mailing Address 306 Willard St

City

Dowagiac

State

MI

Zip Code

49047-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2011

Transaction ID : 10336148

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Gladys Tankersley**

Mailing Address Ste C1

716 Denbigh Blvd

City

Newport News

State

VA

Zip Code

23608-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2011

Transaction ID : 10336151

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas W Gamba**

Mailing Address 2519 S 20th St

City

Philadelphia

State

PA

Zip Code

19145-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : 10337339

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

950.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Linda C Niessen**

Mailing Address 3549 Haynie Ave

City State Zip Code  
 Dallas TX 75205-1219

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 14 / 2011

Transaction ID : 10337539

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Trucia A Drummond**

Mailing Address 3150 N Lake Shore Dr Unit 33

City State Zip Code  
 Chicago IL 60657-4810

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337547

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Bruce J Bobofchak**

Mailing Address 155 Park Lane Dr

City State Zip Code  
 Galesburg IL 61401-1847

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337548

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 79 OF 126

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Bryan C Blew**

Mailing Address 604 35th Avenue

City

Moline

State

IL

Zip Code

61265-6174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337549

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Keith A Evans**

Mailing Address 3002 Rusty Ln

City

Bloomington

State

IL

Zip Code

61704-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Larry W Osborne**

Mailing Address 710 Stevens Creek Blvd

City

Forsyth

State

IL

Zip Code

62535-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337554

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Michael D Danner**

Mailing Address 24842 Emanuel Ln

City

Tremont

State

IL

Zip Code

61568-9535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337559

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Bradley W Barnes**

Mailing Address 13775 Benjamin Ct

City

Bloomington

State

IL

Zip Code

61705-5143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337561

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Brian F Soltys**

Mailing Address 2123 Carrington Chase

City

Rockford

State

IL

Zip Code

61114-8414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337564

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Frank A Maggio**

Mailing Address 35W332 Chateau Dr W

City

Dundee

State

IL

Zip Code

60118-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10337566**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Mark J Humenik**

Mailing Address 2211 Illinois Rd

City

Northbrook

State

IL

Zip Code

60062-5236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10337567**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Maharukh E Kravich**

Mailing Address 2003 Chestnut Ave

City

Wilmette

State

IL

Zip Code

60091-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10337568**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Scott Wieting**

Mailing Address 65 Beech Ave

City

State

Zip Code

York

NE

68467-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

self-employed

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 10337574

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Dr Robert N Bitter**

Mailing Address 1941 Robincrest Lane

City

State

Zip Code

Glenview

IL

60025-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

self-employed

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 10337577

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Dr J Barry Howell**

Mailing Address 2011 Morrow Ct

City

State

Zip Code

Urbana

IL

61802-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

self-employed

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 10337578

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James M Maragos**

Mailing Address 4513 Harvey Ave

City

Western Springs

State

IL

Zip Code

60558-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337579**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Ian Elliott**

Mailing Address 107 Mackinaw Ct

City

Naperville

State

IL

Zip Code

60565-6345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337583**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Ronald G Testa**

Mailing Address 530 Plymouth Ct

City

Frankfort

State

IL

Zip Code

60423-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337584**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Christopher C Larsen**

Mailing Address 3402 15th St

City  
Moline

State  
IL

Zip Code  
61265-6205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337585**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeffrey H Rempell**

Mailing Address 41 E Cheryl Rd

City

Pine Brook

State

NJ

Zip Code

07058-9428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337587**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Susan Bordenave Bishop**

Mailing Address 7314 N Edgewild Dr

City

Peoria

State

IL

Zip Code

61614-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337588**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr George R Zehak**

Mailing Address 403 Ascot Ln

City

Oak Brook

State

IL

Zip Code

60523-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337589**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Terry L Barnfield**

Mailing Address 115 Hawthorn Est

City

Salem

State

IL

Zip Code

62881-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337592**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Paul F Kattner**

Mailing Address 37170 N Black Velvet Ln

City

Wadsworth

State

IL

Zip Code

60083-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337593**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey D Dow**

Mailing Address 385 River Rd

City

Benton

State

ME

Zip Code

04901-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337606

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert Joseph Hanlon Jr**

Mailing Address 423 Mainsail Rd

City

Oceanside

State

CA

Zip Code

92054-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337607

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Elizabeth A Shapiro**

Mailing Address PO Box 240

City

Waterman

State

IL

Zip Code

60556-0240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

393.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 10 / 2011

Transaction ID : 10337615

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Darrell T Teruya**

Mailing Address 2615 S King Street

City

Honolulu

State

HI

Zip Code

96826-3275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10337616**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Eugene B Shoemaker**

Mailing Address S44W23606 Amy James Dr

City

Waukesha

State

WI

Zip Code

53189-7958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10337621**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Benoni Willard Asdell**

Mailing Address 201 Walker St

City

Loogootee

State

IN

Zip Code

47553-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 10337625**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Cynthia J Petroff**

Mailing Address 2520 Sweet Bay Ct

City

Broadview Hts

State

OH

Zip Code

44147-3667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337635**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Phillip J Fijal**

Mailing Address 918 Lakewood Dr

City

Barrington

State

IL

Zip Code

60010-4696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337639**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Virginia A Hughson-Otte**

Mailing Address 27450 Tourney Road

City

Valencia

State

CA

Zip Code

91355-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337644**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Joel David Berick**

Mailing Address 10540 Vista Lago Pl

City

San Diego

State

CA

Zip Code

92131-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337645**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert Joseph Doherty**

Mailing Address 8 Oxford Rd

City

White Plains

State

NY

Zip Code

10605-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337652**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Michael G Durbin**

Mailing Address 408 Cherry Creek Ln

City

Prospect Heights

State

IL

Zip Code

60070-1095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337653**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Renee P Pappas**

Mailing Address 408 Cherry Creek Ln

City

Prospect Heights

State

IL

Zip Code

60070-1095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337654**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Joseph S Gay**

Mailing Address 8 NW 158th St

City

Miami

State

FL

Zip Code

33169-6731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337657**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert A Mason**

Mailing Address 6000 Rye Hill Rd E

City

Fort Smith

State

AR

Zip Code

72916-8289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337661**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Barbara Testa**

Mailing Address 530 Plymouth Court

City

Frankfort

State

IL

Zip Code

60423-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pediatric Dental Specialty Associates

Occupation

Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 10337667**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Arthur Meisel**

Mailing Address 82 Philip Dr.

City

Princeton

State

NJ

Zip Code

08540-5410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 14 / 2011

**Transaction ID : 10340193**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Dr Rhonda Jean Hennessy**

Mailing Address 1121 N. Saginaw Street

City

Holly

State

MI

Zip Code

48442-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

**Transaction ID : 10340194**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Patrick Daniel McCarty**

Mailing Address 21 Wormwood Street, Unit 609

City  
Boston

State  
MA

Zip Code  
02210-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

**Transaction ID : 10340195**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Thomas W Leslie**

Mailing Address 4759 Cold Run Valley Rd

City

Berkeley Springs

State

WV

Zip Code

25411-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

**Transaction ID : 10340196**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Eva Fridy Ackley**

Mailing Address 5012 Westshore Dr

City

New Port Richey

State

FL

Zip Code

34652-3042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

**Transaction ID : 10340200**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kevin T Nelson**

Mailing Address 6730 N Chateau Pl

City  
Peoria

State  
IL

Zip Code  
61615-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : 10340201

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Idalia Lastra**

Mailing Address 2001 SW 4th Ave

City  
Miami

State  
FL

Zip Code  
33129-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : 10340203

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Reneida Reyes**

Mailing Address 104 Park Pl

City  
Brooklyn

State  
NY

Zip Code  
11217-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : 10340206

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Stephen T M Quarcoo**

Mailing Address 104 Park Pl

City State Zip Code  
 Brooklyn NY 11217-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2011

**Transaction ID : 10340208**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Gary E Jeffers**

Mailing Address 42890 Steepleview St

City State Zip Code  
 Northville MI 48168-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2011

**Transaction ID : 10340209**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Nancy Jeffers**

Mailing Address 42890 Steepleview Street

City State Zip Code  
 Northville MI 48168-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Government

Occupation

federal worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2011

**Transaction ID : 10340210**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Carol Anne Murdoch-Kinch**

Mailing Address 4326 Lake Forest Dr W

City

Ann Arbor

State

MI

Zip Code

48108-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011

Transaction ID : 10340212

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Carl L Sebelius Jr**

Mailing Address 2054 Harbert Ave

City

Memphis

State

TN

Zip Code

38104-5331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011

Transaction ID : 10340214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Frank J Graham**

Mailing Address 515 Queen Anne Road

City

Teaneck

State

NJ

Zip Code

07666-3237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011

Transaction ID : 10340215

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mrs. Mary Ellen Psaltis**

Mailing Address 5925 Sleepy Hollow Lane NE

City State Zip Code  
 Olympia WA 98516-9585

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 14 2011

Transaction ID : 10340219

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr James S Torchia**

Mailing Address 8736 S Florence Ave

City State Zip Code  
 Tulsa OK 74137-2543

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 14 2011

Transaction ID : 10340221

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Bootsey Torchia**

Mailing Address 8736 S. Florence Avenue

City State Zip Code  
 Tulsa OK 74137-2543

FEC ID number of contributing federal political committee.

C

Name of Employer

James Torchia, DDS, Inc.

Occupation

office manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 14 2011

Transaction ID : 10340222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

950.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 126  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Jane Binns**

Mailing Address 1152 Cliffside Drive

City	State	Zip Code
Logan	UT	84321-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : 10340223**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Ralph Wayne Binns**

Mailing Address 1152 Cliffside Dr

City	State	Zip Code
Logan	UT	84321-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : 10340224**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Roger W Triftshauser**

Mailing Address 63 Ellicott Ave

City	State	Zip Code
Batavia	NY	14020-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2011

**Transaction ID : 10340561**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Steven Michael Bruce**

Mailing Address 1840 W Wood Valley St

City

Eagle

State

ID

Zip Code

83616-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10340566

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Christopher M Hasty**

Mailing Address 1153 Bowen Rd

City

Enigma

State

GA

Zip Code

31749-6828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10340567

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Sally Cram**

Mailing Address 7727 Ogden Ct

City

Falls Church

State

VA

Zip Code

22043-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 10340568

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Carol M. Wolff**

Mailing Address 1646 N Pelham Rd NE

City State Zip Code  
 Atlanta GA 30324-5263

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2011

Transaction ID : 10340582

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Gary E Heyamoto**

Mailing Address 15657 NE 190th St

City State Zip Code  
 Woodinville WA 98072-6439

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2011

Transaction ID : 10340583

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Rickland G Asai**

Mailing Address 2640 Orchard Hill Pl

City State Zip Code  
 Lake Oswego OR 97035-1135

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2011

Transaction ID : 10340584

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Laura Williams**

Mailing Address 2012 Center Court Dr

City

Wenatchee

State

WA

Zip Code

98801-7305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340585**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Kevin S Wall**

Mailing Address 1246 Merrell Rd

City

Hebron

State

KY

Zip Code

41048-8697

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

247.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340586**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Dr John C Osborn**

Mailing Address 6509 Sherwood Dr

City

Knoxville

State

TN

Zip Code

37919-7421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340587**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Monty Dwight Bechtold**

Mailing Address 210 Neltom Dr

City State Zip Code  
 Pierre SD 57501-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2011

**Transaction ID : 10340594**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Kathryn Kell**

Mailing Address 6401 Utica Ridge Rd Unit 32

City State Zip Code  
 Davenport IA 52807-3362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2011

**Transaction ID : 10340596**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Jack D Klure**

Mailing Address 2965 W Timber Ct

City State Zip Code  
 Eagle ID 83616-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed dentist

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 12 2011

**Transaction ID : 10340597**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael David Spektor**

Mailing Address 2256 82nd Ave SE

City

Mercer Island

State

WA

Zip Code

98040-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340599**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr John V Reitz**

Mailing Address 81 Flint Ridge Dr

City

Reading

State

PA

Zip Code

19607-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Full Time Practice (>30 Hrs/week)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340602**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Carol Reitz**

Mailing Address 15 Hessian Blvd

City

Reading

State

PA

Zip Code

19607-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340603**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Jerald D Bates**

Mailing Address 17815 176th Ave NE

City

Woodinville

State

WA

Zip Code

98072-9633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10340604

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mrs. Carol Bates**

Mailing Address 17815 176th Avenue

City

Woodinville

State

WA

Zip Code

98072-9633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10340605

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dr Robert A Neill III**

Mailing Address 361 Basin Creek Rd

City

Butte

State

MT

Zip Code

59701-9726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10340612

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Liz Snow**

Mailing Address California Dental Association  
1201 K Street Mall, 14th Floor

City State Zip Code  
Sacramento CA 95814-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Dental Association

Occupation

Constituent Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340615**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Carol Gomez Summerhays**

Mailing Address 13234 Polvera Ave

City State Zip Code  
San Diego CA 92128-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340686**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Soames Summerhays**

Mailing Address 13234 Polvera Avenue

City State Zip Code  
San Diego CA 92128-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summerhays Films, Inc.

Occupation

film producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10340688**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Donald M Schinnerer**

Mailing Address 700 Hawthorn Ct

City

San Ramon

State

CA

Zip Code

94582-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

**Transaction ID : 10340692**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Sean Michael Rockwell**

Mailing Address 280 Sierra College Drive

City

Grass Valley

State

CA

Zip Code

95945-5763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 12 / 2011

**Transaction ID : 10340693**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Dr John Ernest Geis Sr**

Mailing Address 2195 Torrey Gln

City

Escondido

State

CA

Zip Code

92026-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 12 / 2011

**Transaction ID : 10340700**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr John M Pisacane**

Mailing Address 1001 Michigan Ave

City

San Jose

State

CA

Zip Code

95125-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10340704

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Dennis R Price**

Mailing Address 158 Arrowhead Rd

City

Louisville

State

KY

Zip Code

40207-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.90

Date of Receipt

10 / 12 / 2011

Transaction ID : 10341462

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas S Underwood**

Mailing Address 9003 W Cambridge Ct

City

Brentwood

State

TN

Zip Code

37027-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10343815

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 126  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James G Avery

Mailing Address 456 W Riveredge Dr

City

Cordova

State

TN

Zip Code

38018-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10343817

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis C De Tomasi

Mailing Address 2238 W Ridge Dr

City

Sutter

State

CA

Zip Code

95982-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10343822

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Paul Edward Cullum

Mailing Address 104 Wellesley Pl

City

Columbia

State

TN

Zip Code

38401-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 10343829

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Cheryl D Haley**

Mailing Address PO Box 369

City  
Ozark

State  
MO

Zip Code  
65721-0369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : 10343831**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Timothy Alan Schwartz**

Mailing Address 2766 W Greens Dr

City  
Littleton

State  
CO

Zip Code  
80123-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 10344349**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr William Craig Noblett**

Mailing Address 145 Gardenside Dr Apt 9

City  
San Francisco

State  
CA

Zip Code  
94131-1384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 10344354**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 126  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Cynthia Brattesani**

Mailing Address 1800 Washington St Apt 718

City State Zip Code  
 San Francisco CA 94109-3585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : 10344361**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Roger W Triftshauser**

Mailing Address 63 Ellicott Ave

City State Zip Code  
 Batavia NY 14020-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : 10351158**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr James David Wood Jr**

Mailing Address 432 Greens Dr

City State Zip Code  
 Healdsburg CA 95448-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : 10351164**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Alison M Fallgatter**

Mailing Address 4636 30th Ave SE

City  
Steele

State  
ND

Zip Code  
58482-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1049.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 10351169**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Elizabeth C Reynolds**

Mailing Address 17 E Glenbrooke Circle

City

Richmond

State

VA

Zip Code

23229-8001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 10351171**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Naomi L Ellison**

Mailing Address 229 Woodruff Ave

City

Los Angeles

State

CA

Zip Code

90024-2644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 10351172**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jonathan David Shenkin**

Mailing Address 1 Balsam Ln

City

Freeport

State

ME

Zip Code

04032-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 10353976**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Anne C Adams**

Mailing Address 512 Welwyn Rd

City

Richmond

State

VA

Zip Code

23229-8106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 10354091**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Charles Lynum Cuttino III**

Mailing Address 512 Welwyn Rd

City

Richmond

State

VA

Zip Code

23229-8106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 10354591**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Alfred J Certosimo**

Mailing Address 7229 Pointe PI

City

Mechanicsville

State

VA

Zip Code

23116-6558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 10354592**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr James W Antoon**

Mailing Address 578 Wethersfield PI

City

Melbourne

State

FL

Zip Code

32940-1879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : 10355240**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Dwyte E Brooks Sr**

Mailing Address 6125 Laredo St

City

Las Vegas

State

NV

Zip Code

89146-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2011

**Transaction ID : 10480458**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas M Touhey

Mailing Address 798 Glenway Dr

City

Saint Louis

State

MO

Zip Code

63122-3243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Full Time Practice (&gt;30 Hrs/week)

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-49.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2011			

Transaction ID : 10480783

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totalling \$49.00 This changes the YTD Total to \$-49.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

144800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. California Dental PAC**

Mailing Address PO Box 13749

City

Sacramento

State

CA

Zip Code

95853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15969.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2011

**Transaction ID : 10361800**

Amount of Each Receipt this Period

12.25

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12.25

12.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Citibank 1**

Mailing Address 1500 Vermont Ave Nw

City  
Washington

State Zip Code  
DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2011

**Transaction ID : 10373312**

Amount of Each Receipt this Period

25.14

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.14

25.14

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Dental Association Political Action Committee

### A. Citibank 1

Mailing Address 1500 Vermont Ave Nw

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement	credit card processing; returned check (Dwyte Brooks-\$500)
-------------------------	---

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 10372498

Amount of Each Disbursement this Period

4616.84

credit card processing; returned check (Dwyte Brooks-\$500)

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4616.84

4616.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric PAC**

Mailing Address 209 Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Void - Eric PAC - Check expired before delivery. Will be reissued

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

**Transaction ID : 10312306**

Amount of Each Disbursement this Period

-5000.00
----------

Void - Eric PAC - Check expired before delivery. Will be reissued

Full Name (Last, First, Middle Initial)

**B. Eric PAC**

Mailing Address 209 Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution to Federal Candidate's Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2011

**Transaction ID : 10312307**

Amount of Each Disbursement this Period

5000.00
---------

Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. John M. Shimkus**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 19

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2011

**Transaction ID : 10318780**

Amount of Each Disbursement this Period

2000.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee for the Preservation of Capitalism**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2011

Mailing Address P.O. Box 65314

City	State	Zip Code
Washington	DC	20036

**Transaction ID : 10318781**Purpose of Disbursement  
Contribution to Federal Candidate's Leadership PAC

Amount of Each Disbursement this Period

Candidate Name

011
Category/ Type

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

**B. Scott Brown For Us Senate Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2011

Mailing Address 337 Summer Street

City	State	Zip Code
Boston	MA	02210

**Transaction ID : 10318782**Purpose of Disbursement  
Contribution to Federal Candidate

Amount of Each Disbursement this Period

Candidate Name

011
Category/ Type

2500.00
---------

**Mr. Scott Brown**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MA	District:

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Michael Grimm For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2011

Mailing Address PO Box 270

City	State	Zip Code
Staten Island	NY	10310

**Transaction ID : 10318787**Purpose of Disbursement  
Contribution to Federal Candidate

Amount of Each Disbursement this Period

Candidate Name

011
Category/ Type

1500.00
---------

**Rep. Michael G. Grimm**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District: 13

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 126

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Duncan For Congress**

Mailing Address PO Box 845

City Laurens	State SC	Zip Code 29360
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Jeff Duncan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2011

**Transaction ID : 10318788**

Amount of Each Disbursement this Period

2500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock	State TX	Zip Code 79453
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Randy R. Neugebauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2011

**Transaction ID : 10319621**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Norm Dicks For Congress**

Mailing Address PO Box 1663

City Tacoma	State WA	Zip Code 98401
----------------	-------------	-------------------

Purpose of Disbursement  
Void - Norm Dicks For Congress - check misplced at WSDA to be re issued

Candidate Name

**Rep. Norman D. Dicks**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 10327739**

Amount of Each Disbursement this Period

-2500.00
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Void - Norm Dicks For Congress - check misplced at WSDA to be re issued

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Norm Dicks For Congress**

Mailing Address PO Box 1663

City Tacoma	State WA	Zip Code 98401
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Norman D. Dicks**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 10327740**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City Pittsburgh	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Tim F. Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 10327741**

Amount of Each Disbursement this Period

1500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Huffman For Congress 2012 Exploratory Committee**

Mailing Address P.O. Box 151563

City San Rafael	State CA	Zip Code 94915
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Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Mr. Jared Huffman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 10327742**

Amount of Each Disbursement this Period

5000.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COMMON Values PAC**Mailing Address 901 N. Washington Street  
Suite 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution to Federal Candidate's Leadership PAC

Candidate Name

**COMMON Values PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

**Transaction ID : 10340559**

Amount of Each Disbursement this Period

2000.00
---------

Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**

Mailing Address 7315 Wisconsin Avenue Suite 310 Ea

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Contribution to Federal Candidate's Leadership PAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

**Transaction ID : 10340569**

Amount of Each Disbursement this Period

1500.00
---------

Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

**C. Benishek For Congress, Inc.**

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Dan Benishek**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

**Transaction ID : 10340570**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Schock For Congress**

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Aaron Jon Schock**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2011

**Transaction ID : 10348429**

Amount of Each Disbursement this Period

1500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Clarke For Congress**

Mailing Address 111-36 200th. Street

City	State	Zip Code
Hollis	NY	11412

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Yvette D. Clarke**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2011

**Transaction ID : 10348436**

Amount of Each Disbursement this Period

2500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address PO Box 1091

City	State	Zip Code
hood river	OR	97031

Purpose of Disbursement  
Contribution to Federal Candidate's Leadership PAC

Candidate Name

**New Pioneers PAC**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

**Transaction ID : 10351441**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate's Leadership PAC

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Tim F. Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

**Transaction ID : 10351445**

Amount of Each Disbursement this Period

2500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Rush Holt For Congress**

Mailing Address PO Box 782

City	State	Zip Code
Pennington	NJ	08534

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rush Holt**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

**Transaction ID : 10351447**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Walberg for Congress**

Mailing Address 6769 Teachout Road

City	State	Zip Code
Tipton	MI	49287

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Timothy Walberg**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 10352263**

Amount of Each Disbursement this Period

1500.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Mailing Address PO Box 682185

City	State	Zip Code
Franklin	TN	37068

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Marsha Blackburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

**Transaction ID : 10353216**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Gardner For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Mailing Address PO Box 2408

City	State	Zip Code
Loveland	CO	80539

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Cory Gardner**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

**Transaction ID : 10353219**

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Rob Woodall For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address Post Office Box 1871

City	State	Zip Code
Lawrenceville	GA	30046

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Rob Woodall**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 07

**Transaction ID : 10355212**

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City Dunn	State NC	Zip Code 28335
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Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Renee Ellmers RN**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : 10355213**

Amount of Each Disbursement this Period

1000.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Fund for America's Future**

Mailing Address PO Box 29576

City Washington	State DC	Zip Code 20017
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Purpose of Disbursement  
Contribution to Federal Candidate's Leadership PAC

011

Candidate Name

**Fund for America's Future**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : 10355246**

Amount of Each Disbursement this Period

2500.00
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Contribution to Federal Candidate's Leadership PAC

Full Name (Last, First, Middle Initial)

**C. Chambliss For Senate**

Mailing Address Post Office Box 12469

City Atlanta	State GA	Zip Code 30355
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Sen. Saxby Chambliss**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : 10355248**

Amount of Each Disbursement this Period

1500.00
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Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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50500.00
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